

Name in Full

Certificate of Death

Elizabeth J Baile  
 Died at New Windsor Carroll

MARYLAND

Date 1912 2 28 Age 73 Y. M. D. Nativity of Md Occupation  
 Male White Married Widow Divorced  
 Female , Colored Single Widower Number of children living None

Husband  
 of  
 Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Immediate Appendicitis Exhaust How long sick one week  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Town

County

MARYLAND

Died at

1902

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7th 21

Age

Md

Male

White

~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

~~Number of children living~~Husband  
of  
WifeFather's  
Name

H. P. Baker

Mother's  
Name

Bertie J. Hays

Cause of

Primary

Still Born

How long sick

Death

Immediate

Still Born

Accident, Suicide, Homicide

Reported by

E. D. Cram

see D.

Address

Winfield

Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dear Sir,  
I have the honor to  
acknowledge the receipt  
of your letter of the  
11th inst.

Name in Full

Certificate of Death

No. 1 Edna R Barnes

Died at Gamber Town Carroll County

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Feb	8	3	6	2	md	
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living	

Husband of

Wife

Father's Name R. W. Barnes

Mother's Name Margaret Brauning

Cause of	Primary	How long sick
Death	Immediate Heart Failure	1 week
		Accident, Suicide, Homicide

Reported by Dr. S. N. Gorsuch

Address Gamber Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Milton S. Barrock

Town

County

MARYLAND

Died at

Potosi

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 62

2 - 8

Age 50

Ind

Farmer

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Mills Barrock

Father's

Name

John W. Barrock

Mother's

Maiden Name

Elizabeth Horner

Cause of

Primary

Pneumonia

How long sick

7 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

93

Reported by

Dr. Jas. H. Wilson

Address

Fowlesburg, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Thank to



Name in Full

Certificate of Death

Edward Burger

Town

County

Died at

Mount Pleasant

Carroll

MARYLAND

Date

1902

Month

Day

Jul 26<sup>th</sup>

Y.

M.

D.

Native of

Occupation

Age

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

William Burger

Maiden Name

Cause of

Primary

Death

Immediate

Tuberculosis

How long sick

27

Accident, Suicide, Homicide

Reported by

Address

J. J. Stewart  
Union Mills

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Eliza Jane Collins

Town

County

Died near Eldersburg. Carroll

MARYLAND

Date 1902 Feb. 13 Age 65 - - Md Occupation Housekeeping

Female

Colored

Single

Widower

Number of children living

Husband  
of

Father's  
Name

Allen Collins

Mother's  
Name

Jane Mason

Cause of

Primary Chronic Nephritis

How long sick

6 weeks

Death

Immediate

Gangrene of both feet

Accident, Suicide, Homicide

Reported by

M D Koeck. M.D.

Address

Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Male

Female

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

MARYLAND

L. A. Cook

John Harris

Mother's

Maiden Name

Mary Frizzell

Bright's Disease

How long sick

7 months

Immediate

Accident, Suicide, Homicide

Mr. H. Billingslea &amp; Mathias.

Westminster Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70000

Smallwood.

Name in Full

Certificate of Death

Blanche

Deeds

Town

County

Died at

Westminster

Carroll

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Feb.	18	57	3	2	Ind.	
Male	White	Married				Widow	
Female	Colored	Single				Widower	Number of children living

Husband of

Wife

Father's

Name

John Deeds

Mother's

Maiden Name

Ellen Smith

Cause of

Primary

Acute Pneumonia

How long sick

8 days

Death

Immediate

Pneumonia &amp; Embolism

Accident, Suicide, Homicide

Reported by

Wm. B. Green

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Bury at Smallwood.



Name in Full

Certificate of Death

Catharine

Devillis

No. 4

Town

County

Died at

Blooms

Carroll

MARYLAND

Date 19

02

Month

2

Day

19

Age

76

Y.

M.

D.

Native of

Md

Occupation

White

Married

Widow

Divorced

Female

Color

Single

Widower

Number of children living

None

Husband

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis

Death

Immediate

Wife.

How long sick

one week

Accident, Suicide, Homicide

Reported by

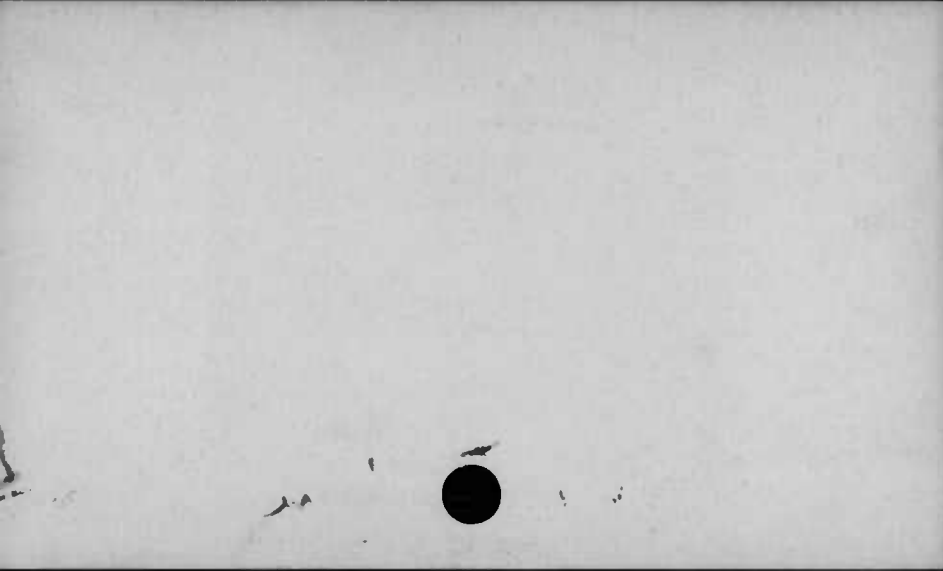
C P Baile

Address

New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Cheroline Dorsey

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 25

Age

- 10 -

Maryland

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Mother's

Name

Maiden Name

Andrew Dorsey

Georgiana Savary

Cause of

Primary

Broncho Pneumonia

How long sick

8 days

Death

Immediate

92

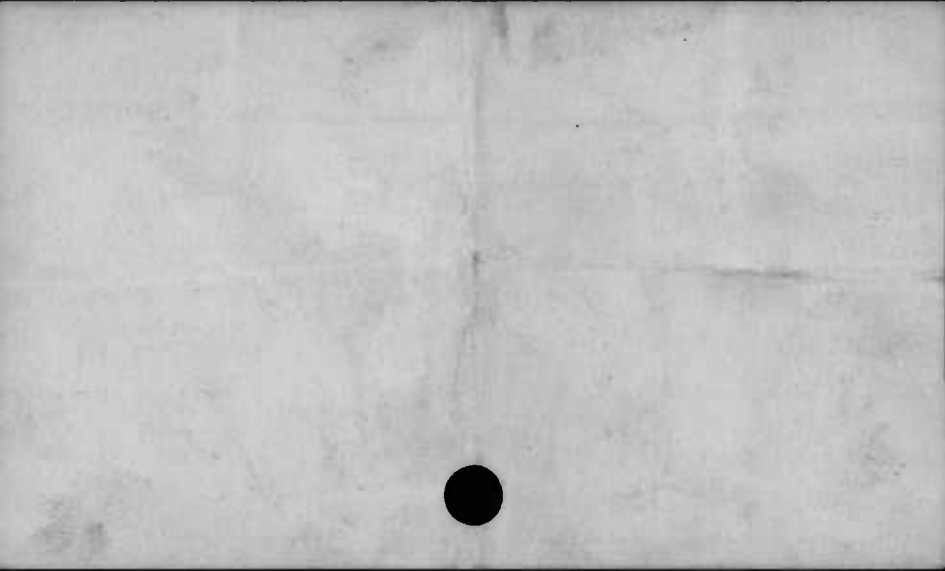
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Town

County

No 3.

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Age

72

md

~~station~~~~Female~~~~White~~  
Colored~~Married~~  
Single~~Widow~~  
WidowerDivorced  
Number of children living~~Husband~~  
of~~Wife~~Father's  
Name

Mother's

Maiden Name

Cause of

Primary

Old age

Death

Immediate

Heart failure 54

How long sick

1 year

Accident, Suicide, Homicide

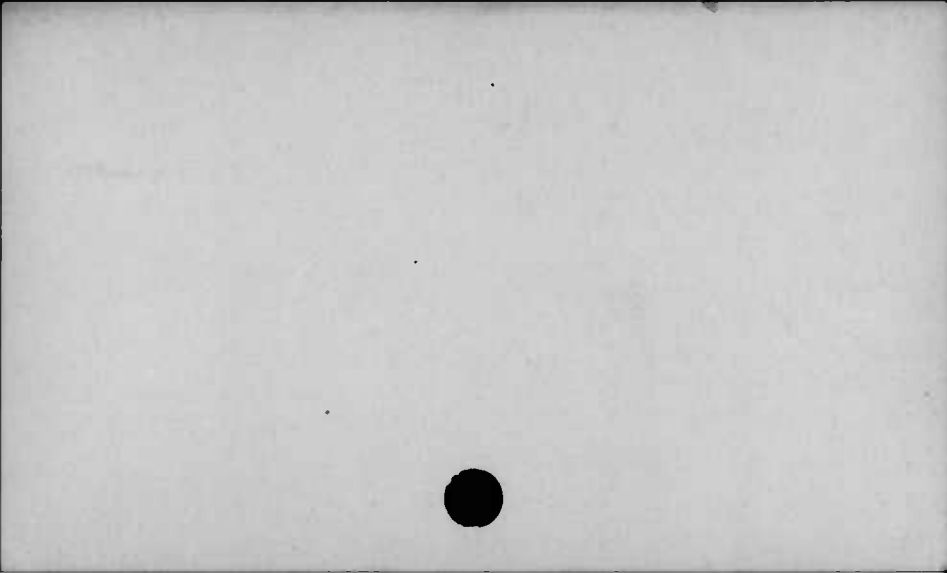
Reported by

C P Baile

Address

New Windsor Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Fletcher &amp; Lissy

MARYLAND

Died at <sup>Town</sup> *Barrett* <sup>County</sup> *Carroll*

*Feb* <sup>Month</sup> *5* <sup>Day</sup> *2* <sup>Y.</sup> *5* <sup>M.</sup> *11* <sup>D.</sup> *maryland* <sup>Native of</sup> *maryland* <sup>Occupation</sup>

Date 19 *02*

☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☒ Widow ☐ Widower ☐ Divorced ☐ Number of children living

Husband  
of  
Wife

Father's Name *Charles A Dorsey* Mother's Maiden Name *Bettie Lissy*

Cause of ☒ Primary *Pneumonia* ☐ How long sick *2 weeks*

Death ☒ Immediate ☐ Accident, Suicide, Homicide

Reported by *James M. Pickett*Address *Mountain Carrs & Undertaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79033





Alonson H. Douglass

Town

County

Died at *Springfield State Hospital Rykenville Carroll Co.* MARYLAND

Date	Month	Day	Y.	M.	D.	Netive of	Occupation
1902	2	7	73	-	-	Md	Engineer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living ?			

Husband  
of —

Father's Name	Mother's Name
Stevenson Douglass	Lavinia —

Cause of Death	How long sick
Primary <i>Senile Dementia</i>	<i>Over 3 months</i>
Immediate <i>Exhaustion</i>	<del>Accident, Suicide, Homicide</del>

Reported by *John N. Morris, M.D.*

Address *Rykenville, Md.*



Name in Full

Certificate of Death

Sisson E Est

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 7th

Age

42 1 9

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

*Nov*  
*Elisha Slater*  
Town County

Died at *Sandyville* *Leamell* MARYLAND

Date 19*02* *Feb* *9* Y. *83* M. *10* D. *9* Native of *Ind* Occupation *Farmer*  
Male White Married Widowed Divorced  
Female Colored Single Widower Number of children living *4*

Husband of *Sophia Slater*  
~~Wife~~  
Father's Name *John Slater* Mother's Maiden Name *79*

Cause of Death { Primary *Heart Dilatation* Immediate *" Frailty* How long sick  
Accident, Suicide, Homicide

Reported by *Jos. J. Henry M.D.*  
Address *West...* *721 A*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Patrick Flinn

Died at <sup>Town</sup> Manotsville<sup>County</sup> Carroll

MARYLAND

Date 1902 - Month 2 - Day 10 | Age 74 - Y. M. D. | Native of Ireland | Occupation farmer

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ ☒ Number of children living 7

~~Female~~ ~~Colored~~ ~~Single~~

Husband of Catherine Flinn

Father's Name David Flinn | Mother's Name Catherine Flinn

Maiden Name

Cause of Death { Primary Cirrhosis of Liver + Cystitis | How long sick 18 Mo.

Immediate Ascites + heart failure | Accident, Suicide, Homicide

Reported by

Jno E Ball MD

Address

Harrisburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

204 Fannie G. Benson Gardner

Died at Gamber Town Carroll County

MARYLAND

Date 189	1902	Feb	12	Month	Day	Y.	M.	D.	Age	38	Netive of	Carroll Co	Occupation	Housewife
Male	White	Married	Widow	Divorced										
Female	Colored	Single	Widower								Number of children living	5-		

Husband of Nathaniel B Gardner

Father's Name	Nicholas Benson	Mother's Name	Sarah Solomon
---------------	-----------------	---------------	---------------

Cause of	Primary	Pulmonary Tuberculosis	How long sick	3 months
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Death	Immediate	Heart Failure	Accident, Suicide, Homicide
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Reported by Dr. S. N. Goussie

Address Gamber

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

39. 1500  
1200

Name In Full

Certificate of Death

*My* *Myrtle Rebecca Neagy*  
 Town *Sandyville* County *Carroll*

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

*Feb. 2*

Age

*1-2**MD*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

*Lease Neagy**Maggie M. Luster*

Cause of

Primary

*Thrush*

How long sick

Death

Immediate

*Inanition**100*~~Accident, Suicide, Homicide~~

Reported by

*Chas R. Fouch, M.D.*

Address

*Westminster, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full

Certificate of Death

Howard Luther Hess

Town

County

Died - Near Harney

barroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb 26

Age

35. 8. 10

Md

Farmer

Male

White

~~Marr~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~

Husband of

~~Wife~~Father's  
Name

Charles Hess

Mother's  
Name

Elisabeth Hess

Cause of

Primary

How long sick

Death

Immediate

Drowned

Accident, ~~Swims, Hanged~~

Reported by

C. O. Fuss

Undertaker

Address

Zaneytown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Elizabeth A. Hyde

No 2

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

8

Age

69-7-4

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widowed~~

Number of children living

4

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Pneumonia Peritonitis

How long sick

93 days

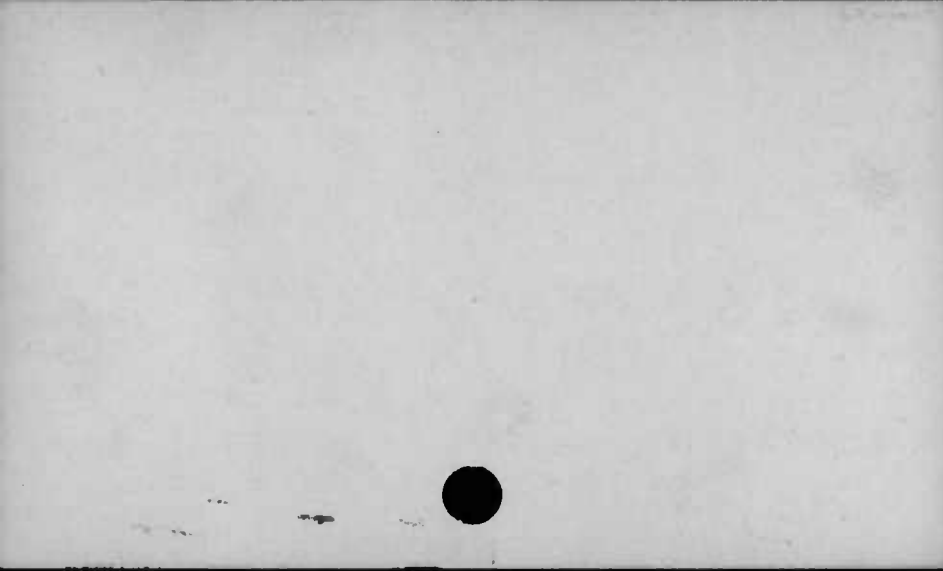
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75000





Edward E. Keony

Town

County

Died at

Fairlesburg

Carroll

MARYLAND

Date ~~189~~ 1902 Feb 17 Age 29 6 27 Md Farmer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 3

Husband  
 of  
 Wife

Edna B. Ganser

Father's  
 Name

Alfred Keony

Mother's  
 Name

Melinda Stuberger

Cause of Death { Primary Pneumonia  
 Immediate Heart failure  
 How long sick 6 days  
 Accident, Suicide, Homicide

Reported by

S. N. Ganser M.D.

Address

Ganser Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susanna Knippelen  
 Town County

MARYLAND

Died at

Silver Run Carroll  
 Date 1902 Feb 7<sup>th</sup> Age 71 4 28 Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 6

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76666



Name in Full

Certificate of Death

John Martin  
Town County

Died at Pleasant Valley Carroll

MARYLAND

Date 1902 Feb 19<sup>th</sup> Y. M. D. Native of Occupation  
Age 2 MarylandMale White Married Widow Divorced  
Female Colored Single Widower Number of children livingHusband  
ofWife  
Father's Name James Martin Mother's Maiden Name A

Cause of Primary

Death Immediate Membranous Croup

How long sick

four days

Accident, Suicide, Homicide

Reported by Dr J J Stewart

Address Union Hill Union Can Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James E. Willis

Town

County

Died at

Frostburg

Carroll

MARYLAND

Date 19

02 Feb 24

Age

49

6

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wesley W. Willis

Mother's

Maiden Name

Rosanna Parrish

Cause of

Primary

La Grippe, Pneumonia

How long sick

10 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Dr. J. B. Gough

Address

Goucher  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*J. Franklin Raver*  
 Town *Emory* County *Carroll* MARYLAND

Died at *Emory* Month *2* Day *17* Y. *53* M. *4* D. *4* Native of *Ind* Occupation *Farmer*

Date 19*02* Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒ Number of children living *10*

Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *10*

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *John Raver* Mother's Maiden Name *Peeling*

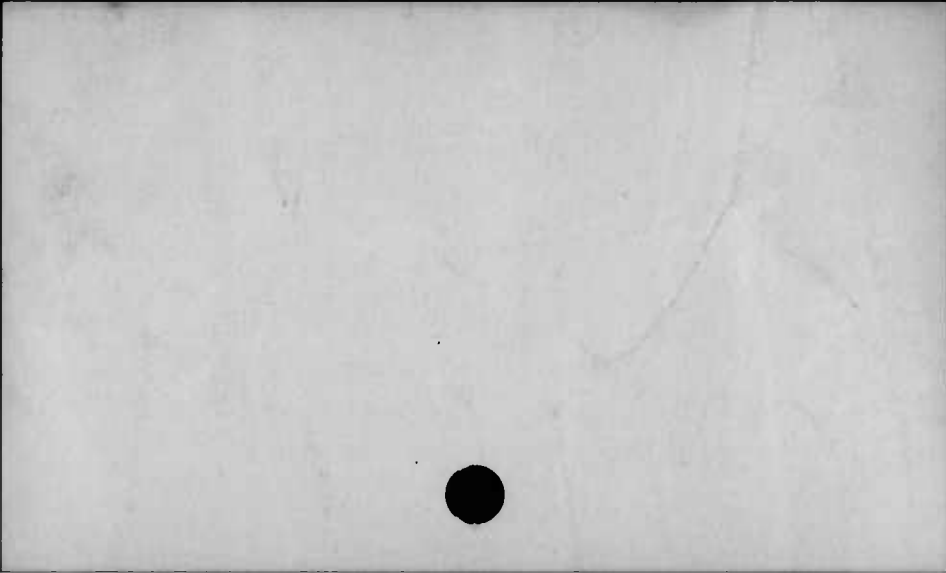
Cause of Death { Primary *Pneumonia* Immediate *Heart Failure* } How long sick *8 days*

Accident, Suicide, Homicide ☒ ☒ ☒

Reported by *Dr. Geo. H. Wilson*

Address *Knobbsburg Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hattie Elizabeth Shoemaker

Died <sup>Town</sup> near Harney <sup>County</sup> Carroll MARYLAND

Date 1902 <sup>Month</sup> Feb <sup>Day</sup> 18 <sup>Y.</sup> 34 <sup>M.</sup> 3 <sup>D.</sup> 14 <sup>Native of</sup> Md. <sup>Occupation</sup> Housewife  
~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
 Female ~~Single~~ <sup>Widow</sup> Number of children living 5

~~Husband~~ of Edward Shoemaker  
 Wife  
 Father's Name J. Lewis Lambert Mother's Name A. B. Lambert  
 Cause of Death { Primary Grouped Pneumonia How long sick 11 days  
 Immediate Exhaustion. Accident, ~~Suicide~~, Homicide

Reported by Franklin C. Bliss  
 Address [Redacted] Gauleyton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

*Jacob O Smith*

Died at *Shiloh* Town *Carroll* County MARYLAND

Date 189 *802* Month *2* Day *7* Y. *4* M. *10* D. *10* Native of *—* Occupation *—*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of *—*  
Wife of *—*

Father's Name *John W Smith* Mother's Name *Ira Smith*

Cause of Death { Primary *Murder* Immediate *—* How long sick *3 mo.* Accident, Suicide, Homicide *—*

Reported by *Edgar M. Bush M.D.*

Address *—*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79706



Name in Full

Certificate of Death

Susan Stewart

Died at

Mt. Airy

Town

Carroll

County

MARYLAND

Date 19

12

Month

Day

Feb. 19

Age

75

Y.

M.

D.

Native of

Occupation

Maryland house woman

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

Unknown

Mother's

Unknown

Maiden Name

Unknown

Cause of

Primary

Old age

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

L. J. Lewis

Address



Mt. Airy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Mrs. Laura Stoksdale  
 Died at Finchburgh Carroll Co. MARYLAND  
 Date 19 02 Month Feb. Day 8 Age 30-7-8 Native of Ind Occupation House-wife  
~~Male~~ White Married Widow Divorced  
Female Colored Single Widower Number of children living Three

Husband of Joseph Stoksdale  
 Wife Robert Hunter Mother's Name Elizabeth Davis  
 Maiden Name

Cause of Death { Primary Pulmonary Tuberculosis Immediate Three years  
 How long sick Three years  
 Accident, Suicide, Homicide

Reported by H. M. Slader  
 Address Keisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Thompson

Town

County

Died at Marshallburg, Carroll

MARYLAND

Date 1902 Sept. 26 Month Day Y. M. D. Age 75 Native of Md. Occupation laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living 5

Husband  
of  
Wife

Father's  
Name

Louis Thompson

Mother's

Maiden Name

\_\_\_\_\_

Cause of

Primary

Old age

Death

Immediate

Cystitis

How long sick

2 weeks

~~Accident, Suicide, Homicide~~

Reported by

M. D. Morris, M.D.

Address

Marshallburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

MARYLAND

of

Name

Mother's

Name

Primary

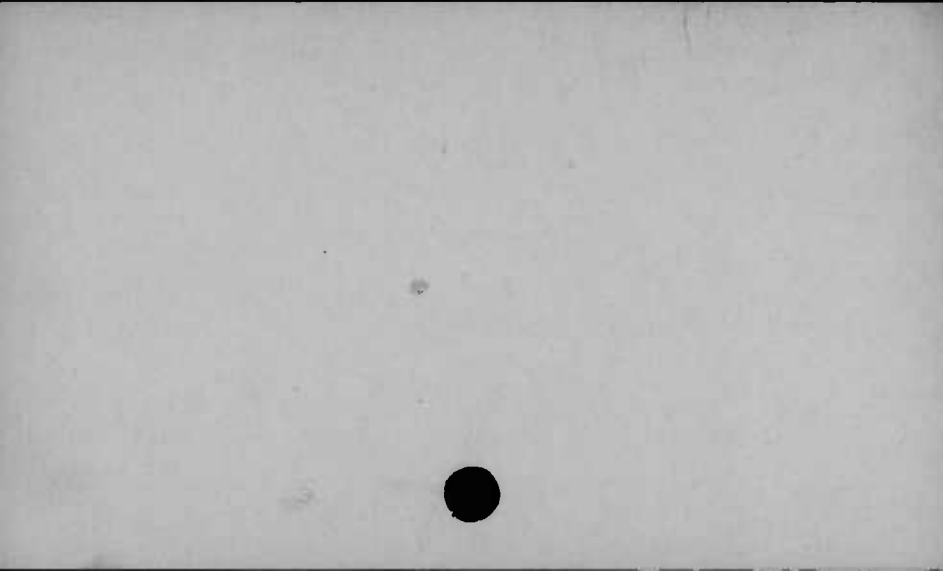
Immediate

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

William Woods ✓  
 Town County  
 Died at New Windsor Carrol Maryland  
 Date 1902 2 24 Age 73  
 Male White Married Widow Divorced  
 Female Colored Single Widower  
 Occupation Saddle  
 Number of children living one

Husband  
of  
Wife

Father's  
Name

Mother's  
Maiden Name

Cause of Primary

Death Immediate

Cancer

45

How long sick

2 years

Accident, Suicide, Homicide

Reported by

C P Baile

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Brook County Gringling  
 Town Silver Run County Carroll

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 23

Age

7-2

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Herbert Gringling

Mother's

Maiden Name

Mollie Lapho

Cause of

Primary

Death

Immediate

convulsions

How long sick

3 days

~~Accident, Suicide, Homicide~~

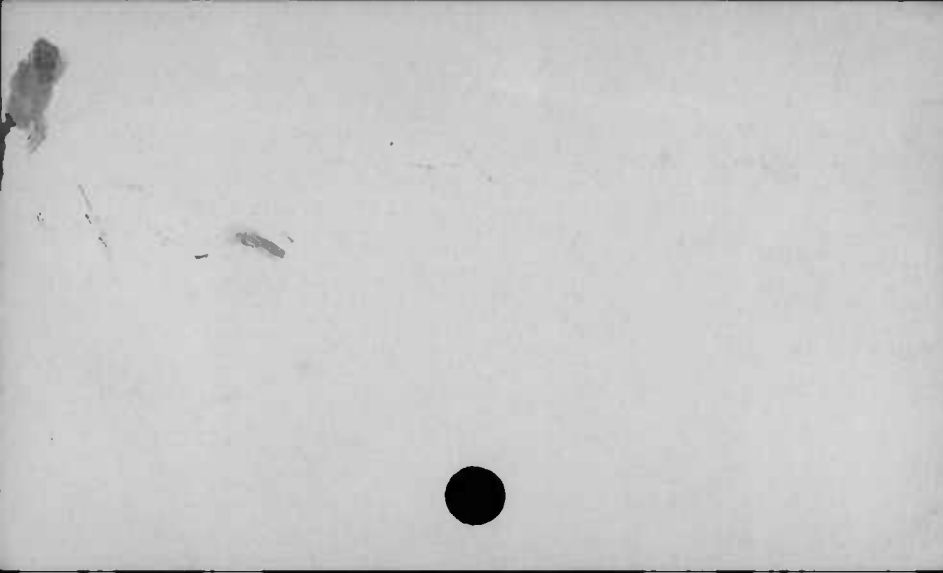
Reported by

Ed. G. Graft  
 Union Mission

Address

undertaken  
 Fred

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

205 Jacob Franklin Zahm

Town

County

Died at New Westminster

Carroll

MARYLAND

Date 1902 Feb- 5

Month Day Y. M. D. Age 27-3-4

Native of Md. Occupation Blacksmith

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living 1

Husband of Effie Menz

Wife

Father's Name Jacob Zahm

Mother's Maiden Name

Do not know

Cause of Primary

Death Immediate

Consumption

How long sick

Accident, Suicide, Homicide

Reported by Jas. M. Stover

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

